

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. <b>30 025 28807</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CrownQuest Operating LLC</b>		6. State Oil & Gas Lease No. <b>K 1318</b>
3. Address of Operator <b>P.O. Box 53310, Midland Texas 79710</b>		7. Lease Name or Unit Agreement Name: <b>State 5</b>
4. Well Location Unit Letter <u>A</u> : <u>990</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>5</u> Township <u>14S</u> Range <u>33E</u> NMPM Lea County		8. Well No. <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4248 GR</b>		9. OGRID Number <b>213190</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <b>Baum Upper Penn</b>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/20/07 RIH w/CIBP on wireline to 9650' and set. RIH (2 runs) with dump bailer and placed 35' cement (4 sx).  
 3/21/07 RIH w/tubing to 9600' & circulate hole w/200 bbl mud laden fluid. POOH  
 3/22/07 RIH w/4 1/2" O.D. casing cutter to 6500'. Cut Csg & POOH. Casing showed stuck at 6200' RIH with 4 1/2" casing cutter and cut csg at 6000'. Still Stuck  
 3/23/07 Rig up casing jacks and pulled casing at 210,000. Laid down 49 jts.  
 3/24 Laid down 100 jts 5 12" csg.  
 3/26/07 RIH w/tubing to 6500' load hole. Spot 40 sx class c cmt. WOC 4 hrs. RIH tagged @ 6432. Tubing plugged POOH.  
 3/27/07 RIH w/tubing to 4105'. Spot 40 sx class c cement plug. WOC 4 hrs. Tagged at 3948'. PUH w/tbg to 1750', Spot 40 sx class C cement. POOH w/tubing WOC.  
 3/28/07 RIH w/tubing & tagged plug at 1597'. PUH to 442', Spot 40 Sx class C cement plug. POOH w/tbg. WOC 4 hrs, RIH & tagged at 292'. RIH w/2 jts tubing & circulated 20 sx class c cement 60' to surface. Cut off Wellhead.  
 3/29/07 Install dry hole marker, cut anchors cleaned location, covered cellar.

Approved as to plugging of the Well Bore.  
 Liability under bond is retained until  
 surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jim Otto TITLE Operations Mgr DATE 3/31/07

Type or print name

For State Use Only

E-mail address:

Telephone No.

OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAY 04 2007

APPROVED BY Gay W. Wink  
 Conditions of Approval (if any):

TITLE \_\_\_\_\_ DATE \_\_\_\_\_